

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA
DIVISION

David Wilson <sup>Heirs
Estate of
SARAH
WILSON</sup>
Plaintiff(s),

v.

Civil Action Number: _____

Chickadee, Norfolk, Virginia
Defendant(s).

LOCAL RULE 83.1(M) CERTIFICATION

I declare under penalty of perjury that:

No attorney has prepared, or assisted in the preparation of Civil Suit.
(Title of Document)

David Wilson
Name of *Pro Se* Party (Print or Type)

[Signature]
Signature of *Pro Se* Party

Executed on: 7/27/20 (Date)

OR

The following attorney(s) prepared or assisted me in preparation of _____.
(Title of Document)

(Name of Attorney)

(Address of Attorney)

(Telephone Number of Attorney)
Prepared, or assisted in the preparation of, this document

(Name of *Pro Se* Party (Print or Type)

Signature of *Pro Se* Party

Executed on: _____ (Date)

UNITED STATES DISTRICT COURT

for the

_____ District of _____

_____ Division



Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-



Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: (check one)



Yes

☐ No

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
Address

ESTATE EIRKS OF SARAH WILSON
184 CROFTON NICK RD
Yorktown VA 23692

County
Telephone Number
E-Mail Address

York
757 603 7165
davidregan@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name
Job or Title (if known)
Address

CHESAPEAKE POLICE DEPT

County
Telephone Number
E-Mail Address (if known)

CHESAPEAKE VA
City State Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name
Job or Title (if known)
Address

CITY OF CHESAPEAKE

County
Telephone Number
E-Mail Address (if known)

CHESAPEAKE VA
City State Zip Code

☐ Individual capacity ☒ Official capacity

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
Address

DAWN WILSON (ESTATE HELPS OF SARAH WILSON)
184 GOODWIN NELLE RD
YORKTOWN VA 23692
City State Zip Code

County
Telephone Number
E-Mail Address

YORK (703) 603-2165
dawnregan80@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name
Job or Title (if known)
Address

CITY OF CRENSHAW, VA

CRENSHAW
City

VA
State

Zip Code

County
Telephone Number
E-Mail Address (if known)

☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name
Job or Title (if known)
Address

CRENSHAW POLICE DEPT

CRENSHAW
City

VA
State

Zip Code

County
Telephone Number
E-Mail Address (if known)

CRENSHAW

☐ Individual capacity ☒ Official capacity

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

HEALTH PHYSICAL AND MENTAL
OF WHOLE FAMILY DEGRADED

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

TRANSPARENCY, RELEASE ALL VIDEOS
CHARGE & DISMISS CASE. 4 MILLION DOLLARS
FOR AN ANTITRUST PUNISHMENT FUTURE FOREVER
TO CHANGE LOSS OF GENDER AND GANDARDEN
FRIEND HEALTH CHILD SIBLING,
LOSS OF TRUST AND SAFETY. MENTAL
PAIN.


VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

8/24/20


Signature of Plaintiff

Printed Name of Plaintiff

Dawn Wilson

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

EXCESSIVE FORCE RESULTING IN DEATH IN
CUSTODY

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

WILSON & BUCKLEY CHURCHMAN, VA

- B. What date and approximate time did the events giving rise to your claim(s) occur?

4:23 pm 7/25/18

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

HOLDEN MADE MANY VIDEOS AND EVIDENCE

Defendant No. 3

Name

NORFOLK POLICE DEPT

Job or Title (if known)

Address

NORFOLK
CityVA
State

Zip Code

County

NORFOLK

Telephone Number

E-Mail Address (if known)

☐

Individual capacity

☒

Official capacity

Defendant No. 4

Name

VA BEACON POLICE DEPT

Job or Title (if known)

Address

VA BEACON
CityVA
State

Zip Code

County

VA BEACON

Telephone Number

E-Mail Address (if known)

☐

Individual capacity

☒

Official capacity

FEDERAL ATF NARCOTICS AGENTS

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒Federal officials (a *Bivens* claim)☐

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

2nd amendment right to bear arms

4th amendment UNREASONABLE SEARCH & SEIZURE

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

VIOLATION 4th amendment RESULTING
DEATH ERRONEOUS DISCHARGE

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

7/29/20

Signature of Plaintiff



Printed Name of Plaintiff

Dawn Wilk

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

MENTAL DISTRESS, MULTIPLE HEALTH & MENTAL
HEALTH ISSUES SINCE.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WANT THE PARTIES RESPONSIBLE FOR THE
LIFE/DEATH OF MY DAUGHTER TO BE NAMED
PUBLICLY AND ALL VIDEOS OF INCIDENT AND
ALL BODY AND CHEST CAMS TO BE RELEASED PUBLICLY.
ALL OF THEM. I WANT TRANS PARANCY FROM AN
DEPT'S INVOLVED TO INCLUDE THEIR STATEMENTS
RELEASED PUBLICLY. I WANT TO KNOW ALL OF THE DETAILS
LEADING UP TO AND THERE AFTER MY DAUGHTER'S DEATH.
I WANT 4 MILLION DOLLARS FOR THE LOSS OF MY CHILD,
MY GRAND CHILDREN, SISTER WHO GRADUATE, MARRY, LIVE,
HER SIBLINGS LOSE THEIR BEST FRIEND, SISTER, TEACHER, HERO.
FOR THE LOSS OF SOMETHING THAT WE WILL NEVER GET
IT BACK AGAIN LAW ENFORCEMENT AND FOR THE PUBLIC

SUNDAY'S REMARKS MADE BY DEFENDANTS AND EMPLOYEES ON VIDEO AND IN MEDIA, FOR THE DEGRADING MENTAL HEALTH OF OUR ENTIRE FAMILY AFTER TRUTH AND EMOTION BEING WITH HELD FOR THE LOSS OF KELA AND WORK OF MY DAD AFTER AND LOSS OF OUR HOME, VEHICLE, NORMAL LIFE FOLLOWING HER DEATH. FOR MENTAL TUNDS CREATED BY DEATH CAUSING AURORA (SISTER) b. A. D. AND PREVENTING HER FROM BEING ABLE TO MAINTAIN PRESENCE OF PUBLIC SCHOOL OR EVEN LEAVING HER MOTHER FOR FEAR SOME MAY HAPPEN TO HER, FOR NOT ALLOWING FAMILY TO IDENTIFY BODY OR TAKE HOME UNTIL 27 HAS APPROX LATER THAT SARAH WAS DEAD EVEN THOUGH THEY HAD DOWN WISSEN'S I.D. IN EVIDENCE.

CLERK US DISTRICT COURT
NORFOLK, VIRGINIA

2020 JUL 24 P 4: 59

RECEIVED

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

SARAH WAS ACCORDING TO POLICE HANDCUFFED AND LEFT ALONE
WITH NO LESS THAN 6 OFFICERS ON SCENE SHE
DIED FROM GUNSHOT WOUND.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

WILSON & BRUNN AVE CHESAPEAKE, VA

- B. What date and approximate time did the events giving rise to your claim(s) occur?

7/25/18 4:23 PM ACCORDING TO POLICE

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

MY DAUGHTER WAS DETAINED AND THEN
DIED. MULTIPLE WITNESS VIDEOS AND
STATEMENTS. ALSO SARAH'S BOYFRIEND WAS
A WITNESS.

Defendant No. 3

Name

Norfolk Police Dept

Job or Title (if known)

Address

Norfolk
CityVA
State

Zip Code

County

Norfolk

Telephone Number

E-Mail Address (if known)

☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name

VA Beach Police Dept

Job or Title (if known)

Address

VABeach T
CityVA
State

Zip Code

County

VA BEACH

Telephone Number

E-Mail Address (if known)

☐ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

OCME OFFICE STAFF ON DAY OF AUTOPT
Norfolk, VA

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

VIOLATION OF 4th Amendment
EXCESSIVE FORCE RESULTING IN DEATH

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

VIOLATION OF 4th Amendment
EXCESSIVE FORCE/DEATH

UNITED STATES DISTRICT COURT

for the

District of _____

Division _____

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

SEE ATTACHED

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

SEE ATTACHED

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

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Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing

(1) CIVIL SUIT, was mailed

this (2) 27 Day of (3) JULY 2020, to (4) _____

_____ at (5) _____

_____.



(Your Signature)

Instructions

YOU must send a copy of every motion, pleading or document to the defendant(s) or counsel for defendant(s). If you do not send a copy to the defendant(s) or counsel for the defendant(s), the court will not be able to consider your document.

You must prepare and submit one certificate of service for EACH motion, pleading, or document you wish to have considered by the court.

Complete each blank as directed:

(1) Describe the document you are submitting to the court and sending to the defendant(s). (Remember: you should attach a Certificate of Service to each motion, pleading, or document you wish to have considered by the court.)

(2) Day of the month that you give the document to officials for mailing to the defendant(s) or counsel for the defendant(s).

(3) Month and year.

(4) Name of person(s) to whom you are sending a copy of the document. If you send it directly to the defendant(s), list each defendant to whom you send a copy. If you send it to counsel for the defendant(s), list only the name(s) of counsel.

(5) Address(es) that copy is being mailed to.

NOTE: YOU MUST SIGN THIS FORM. The court will not accept this form without an original signature.